Technical Assistance • • Administration • • Executive/Legal • • Enfarcement (916) 322-5662

322-5660

322-5901

322-6441

June 1, 1984

Assemblyman Art Agnos State Capitol, Room 3151 Sacramento, CA 95814

> Advice Letter No. A-84-149 Re:

Dear Assemblyman Agnos:

Thank you for your letter dated May 24, 1984, concerning the campaign statements of Californians for Justice, a committee which you control. You included a copy of the Committee's most recent campaign statement, covering the period March 18, 1984, through May 24, 1984. On Schedule A (Monetary Contributions Received), the names, addresses and employers of the contributors were intentionally deleted. You stated in your letter that you believe that "public disclosure of these contributors may place these individuals at risk of their personal safety as well as personal property."

The Commission does not have the authority to exempt the committee from any of the campaign disclosure requirements of the Political Reform Act. At one time, the Commission did have a procedure for granting exemptions from the requirements for disclosure of contributors' identities for reasons such as the ones you raise in your letter. The Commission's procedure was based upon the United States Supreme Court's ruling (Buckley v. Valeo, 424 U.S. 1 (1976)) that such exemptions may be constitutionally required in some circumstances. However, the Commission's authority to grant exemptions was repealed by the Legislature in 1977, when it enacted Section 84400 of the Political Reform Act:

Notwithstanding any other provision of the law, the commission shall have no power to exempt any person, including any candidate or committee, from any of the requirements imposed by the provisions of this chapter.

Gov. Code Section 84400.

Assemblyman Art Agnos June 1, 1984 Page 2

Since the enactment of Section 84400, only the courts may grant the type of exemption from the disclosure requirements that you have requested. The Commission is under a continuing obligation to enforce the disclosure provisions of the Political Reform Act with respect to all committees absent a judicial determination exempting a committee from the Act's disclosure requirements.

You stated in your letter that you are willing to provide the contributor information to the Commission and its staff at any time upon our guarantee and assurance that the information will be kept confidential. Since the Commission may not grant exemptions from disclosure, and the Act clearly provides for full disclosure of the information that you omitted from the campaign statement, we can not agree to keep the information confidential. As you know, the paramount purpose of the Political Reform Act is to provide for full disclosure of all campaign contributions and expenditures, and, absent a court order, we may not make agreements which contravene this purpose.

We hope that you understand that, no matter how sympathetic we may be to your concerns, the Commission has no choice at this time other than to enforce the Act's campaign disclosure requirements against Californians for Justice. Therefore, if you believe that your committee is entitled to an exemption from the disclosure requirements of the Act, we suggest that you ask the courts for a declaratory judgment to that effect. If you would like to discuss this matter further, please feel free to contact me at (916) 322-5901.

Sincerely,

Barbara A. Milman
General Counsel

BAM:plh cc: Marian Ash SACRAMENTO ADDRESS STATE CAPITOL SACRAMENTO 95814 (916) 445-8253

DISTRICT OFFICE 1064 STATE BUILDING 350 MCALLISTER SAN FRANCISCO, CA 94102 (415) 557-2253



Assembly California Legislature Nav 29 2 38 PH 34

COMMITTEES:

ELECTIONS AND REAPPORTIONMENT

AGING

ART AGNOS
ASSEMBLYMAN, SIXTEENTH DISTRICT

DEMOCRATIC CAUCUS SECRETARY
CHAIRMAN
WAYS AND MEANS SUBCOMMITTEE ON HEALTH AND WELFARE

May 24, 1984

Mr. Dan Stanford Chairman Fair Political Practices Commission 1100 K Street Sacramento, California 95814

Dear Dan:

In accordance with the law and our telephone conversation today, I have prepared and am submitting the campaign contribution/spending report for the period March 18, 1984 through May 24, 1984.

As we discussed, in submitting the report the names and addresses listed on the reports have been deleted.

This is necessary in view of the death threats to me and my family both written and verbal, and the vandalism to my capital residence which has occurred since the passage of AB 1, my bill which would have outlawed discrimination in employment practices based upon sexual orientation.

In view of those threats and attacks on my capital residence, and in view of the fact that many of those contributing to Californians for Justice have done so to assist in the enactment of AB 1, I believe that public disclosure of these contributors may place these individuals at risk of their personal safety as well as personal property.

All other required information is contained on the report as prescribed by law.

Mr. Dan Stanford Page 2 May 24, 1984.

I am most willing to cooperate with your commission to provide the names and addresses to your auditors, accountants, Commission staff members or the Commissioners themselves at any time in order to facilitate full investigation of any facts they may wish to certify.

I am also willing to make the names and addresses available to the Commission upon your assurance and guarantee that they will remain sealed in your files.

I am available to discuss this issue with you at your convenience.

Enclosure

cc: Office of the Secretary of State
 Political Reform Division



FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH: Secretary of State Political Reform Division P. O. Box 1467 Sacramento, CA 95807

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)

(Government Code Section 84101-84103)

1984							
1 002216 6	MENDMENT . TER I.D. NUMBER	(Type or Print in I	lnk!				
PULL NAME OF COMMI		(1404 or Frint III)	ink,				
	nians for Jus						
STREET ADDRESS OF (D, AND STREET CITY		57A7E		COUNTY:	!
DATE QUALIFIED AS C	OMMITTEE (MO., DAY, VR.)	ticut Street S			LUSE ONL		ancisco
October	19, 1980	(415) 824-6	69 <u>3</u> 6				
I TREASURER	AND OTHER PRING	CIPAL OFFICERS				•	
POSITION		NAME AND PERMANEN	T STREET	ADDRESS		(AREA CODE)	PHONE NO.
TREASURER	James Fost	er 1952 - <u>15t</u> b	Stre	et		(415)	626-45]2
		San Francis	co, C	A 941 <u>1</u> 4			
	-						
	_						
	tion on appropriately labeled NTROLLED COMMI						
which acts jointle expenditures. A	mmittee is one which is y with a candidate, cont candidate or proponent she controls, has a signification. [X] YES (Complet)	rolled committee or pr of a state ballot measu	oponent d ure contro ctions or d	of a state ballo Is a committe	ot measure in e if he or sh e committee	in connection with he, his or her agent .)	the making o
STATE MEAS	OR STATE MEAS SURE PROPONENT committee is controlled	S OR COMMITTER	ES WITH	WHICH T	HIS COM	MITTEE ACTS	JOINTLY
	OF CANDIDATE, STATE M ROPONENT OR COMMITT		IDEN			COMMITTEE OR TRE	
Art Agnos	. Assemblyman	· · · · · · · · · · · · · · · · · · ·	#8	02246			
Attach additional Informat	tion on appropriately labeled	continuation sheets.					
IV PERSONS OR	ORGANIZATIONS,	IF ANY, WITH WHI	CH THIS	COMMITTI	E IS AFF	ILIATED OR CO	NNECTED
	NAME	AND STREET ADDRESS				(AREA CODE)	PHONE NO.
-		•			<u> </u>		
Attach additional informa	tion on appropriately labeled						
	YOU MI	JST COMPLETE THE V	/ERIFICA	TION ON PA	3E 2		

CANDIDATE'S NAME/MEASURE'S FULL TITLE INCLUDING BALLOT NUMBER OR LETTER	SUPPORT	OPPOSE	CANDIDATE'S OFFICE/MEASURE'S LOCATION (Include district number, city or county, as applicable.)
	i .		
		•	
	1		

Attec	h additional information on	appropriately labeled continu	ation sheets.			
VI	COMMITTEE'S PR MEASURES	INCIPAL ACTIVITY	IF NOT SU	JPPORTING	OR OPPOSING S	PECIFIC CANDIDATES OF
					_	
_						
Attac	h additional information on	appropriately labeled continu	ation sheets.			
VII	IN THE EVENT OF	TERMINATION, WH	AT DISPOS	ITION WILL	BE MADE OF SUI	RPLUS FUNDS?
						
			VERIFI	CATION		

I declare under penalty of perjury that to the best of my knowledge this statement is true, correct and complete and that I have used all

reasonable diligence in its preparation.

Executed on March 20 ,at 1984 San Francisco, #ÇA



RECIPIENT COMMITTEE CAMPAIGN STATEMENT

(Government Code Sections 84200-84217)

For use by recipient committees which receive a cumulative contribution of \$100 or more from a single source.

(Type or Print in Ink)

OFFICIAL USE ONLY 3/18/84 5/24/84 Statement covers period from through NAME OF COMMITTEE Californians for Justice ADDRESS OF COMMITTEE: ---(415)824-6936 637 Connecticut Street, San Francisco, 94107 CA NAME OF TREASURER: James M. Foster PERMANENT ADDRESS OF TREASURER: NO. AND STHEET (415)626-4512 1952-15th Street, San Francisco, CA 94114 DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE): TOTAL PAGES SPONSORING ORGANIZATION (IF APPLICABLE): 39 June 5, 1984 IS THIS A CONTROLLED COMMITTEE? (A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.) [x] YES (Complete Section III below) NO (Section III is not applicable) CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY. NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below. NAME OF CANDIDATE, STATE MEASURE IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S PROPONENT OR COMMITTEE NAME AND PERMANENT STREET ADDRESS ID# 802246 Art Agnos, Assemblyman Attach additional information on appropriately labeled continuation sheets. VERIFICATION Ē I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation. A candidate or officeholder who controls a committee must also verify the campaign statement. I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and the treasurer of this committee has used all reasonable diligence in a preparation of this statement and its schedules. DIDATE OF OFFICEHOLDER

ALLOCATION OF CONTRIBUTIONS AND EXPENDITURES MADE TO OR ON BEHALF OF OTHER CANDIDATES, OFFICEHOLDERS AND MEASURES:

List all contributions (including loans) and independent expenditures itemized on Schedules E and F to support or oppose officeholders, candidates and ballot measures (other than those controlling this committee or for which this committee is primarily formed). Indicate the date of the expenditure, the office sought or held (or the measure's number or letter and if local measure, city or county), the amount of the expenditure and the cumulative amount to date. The "Cumulative to Date" column should include the sum total of expenditures for or against each candidate or measure since January 1 of the current calendar year. (See "Information Manual on Campaign Disclosure" for discussion and examples of "cumulation.")

ALLOCATION OF CONTRIBUTIONS AND EXPENDITURES MADE TO OR-ON BEHALF OF OTHER CANDIDATES, OFFICEHOLDERS AND MEASURES (Allocate expenditures from Schedules E & F made to or on behalf of another candidate, officeholder or measure. Amounts may be rounded off to whole dollars.)

OFFICIAL USE ONLY	DATE	NAME OF CANDIDATE OR OFFICEHOLDER AND OFFICE OR MEASURE AND BALLOT NUMBER OR LETTER		CK ONE Oppose	AMOUNT	CUMULATIVE TO DATE
	1/1/84 - 5/24/84	- Assemblyman Art Agnos	х		7,265.16	9,181.4
·						
	<u> </u>					
					f	
		•				•

Attach additional information on appropriately labeled continuation sheets.

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE FORM 420, 430 OR 490

STATEMENT COVERS PER:

	(Amo	ounts May Be Rounded To V	Nhole Dollars)	FROM	748000
				3/18/84	5/24/8
	CANDIDATE OR COMMITTEE			I,D. NUMBER	
- Cal	ifornians for Justice			802246	<u>`</u>
		COLUMN A Cumulative total from	COLUMN B Total this period from sttached	_	DLUMN C umulative to date
		previous period *	achedules	(Coli	umns A + B)
CONTRIE	BUTIONS RECEIVED				
1.	Monetary contributions	s_1,319.88	S 13,983,90	s_15,30	3.78
2.	Loans	-0-	SCHEDULE B. LINE &		-0-
3.	Subtotal	S 1,319.88	s 13.983.90	S 15,30	3,78
4.	Non-monetary contributions	-0-	-O-		- 0-
5.	Předges	-0-	SCHEDULE C. LINE 1		·0-
6.	TOTAL CONTRIBUTIONS	s_1,319.88	s 13,983,90	s 15,303	3.78
	TO THE GOVERNMENT ONS	LINES 1 - 4 - 5	LINES 3 + 4 + 5	LINES 1 -	4 - 3 Equal
EXPENDI	TURES MADE				•
. 7.	Payments	s1,916.31	s 12,798,06	s 14,714	+.37
8.	Accrued expenses (unpaid bills)	-0-	SCHEDULE E, LINE A		-0-
9.	TOTAL EXPENDITURES	s 1.916.31	s_12,798.06	s 14,714	1,37
		S 1,916,31	UNES 7 - 8	LINES 7 - 4	1
·· •1f	this is the first report filed for the calendar	vest Column A should be t	lack except for unpaid loan	COLUMNS	A - B)
,,,		OF CHANGES IN FINA		i, bins and pleage.	3.
10.	Cash on hand at the beginning of this period		27.0.00		
11.			72 002 60		
	, , , , , , , , , , , , , , , , , , , ,		<u> </u>		
12.	Miscellaneous adjustments to cash (Sched	lule G, Line 7)			
13.	Cash payments this period (Line 7, Colum	nn B above)	12,798,06		
14.	Cash on hand at closing date (Lines 10+1	1+12-13 above)*	1,492.16		
15.	Outstanding debts (Line 2 ÷ Line 8 of Co	lumn C above)			
16.	Ending surplus (if Line 14 is greater than	Line 15, subtract Line 15 fr	om Line 14)	. s <u>1,492.</u>	16
17.	Ending deficit (if Line 15 is greater than)	Line 14, subtract Line 14 fro	m Line 15)	. s <u>(-0-</u>)
*End	ding cash on hand should not be a negative :	amount.			

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

18. CONTRIBUTIONS RECEIVED:

19. EXPENDITURES MADE:

17 1 mru 6 730	// I to care
15,303.78	
14,714.37	

MONETARY CONTRIBUTIONS RECEIVED FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

				STATEMENT (COVERS PERIC
and a probability and consisting and age, upon	A STATE OF THE STA		No. 1 COLOR OF SMARKE 1 WINDOW TO STATE OF THE SMARKET A	3/18/84	5/24/84
NAME OF	Californians for J	ustice		802246	(IF COMMITTEE
DATE	FULL NAME AND ADDRESS OF CONTRIBUTOR		EMPLOYER	AMO	DUNT
REC'D	(IF COMMITTEE, ALSO ENTER 1.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	OCCUPATION	(IP SELF-EMPLOYED, ENTER HAME OF BUSINESS)	PECSIVED	CUMULATIVE TD DATE
10.1		newpaper			
. / 8 4		owner/ investor		1,000	1,000
/84		Optician		200	200
,				200	200
104		Investor		100	100
/84					
			•		
/84		owner		100	100
/84				100	100
/84		Retired		100	100
		•		100	100
10.		training	de esta de la companya de la company		
/84		writer		100	100
X	f more space is needed, check box at left		SUBTOTAL	1,700	. ,
a	nd attach additional Schedules A.			1,700	
		SUMMARY	Y	1	para esta esta esta esta esta esta esta est
	UNT RECEIVED — CONTRIBUTIONS (ide all Schedule A subtotals)			8,507.90	
				F 474 00	
2. AMO	UNT RECEIVED - CONTRIBUTIONS C	OF LESS THAN \$100 (No	ot itemized)	5,476.00	
	AL MONETARY CONTRIBUTIONS THE				s 13,983.
(Line	$1 \div \text{Line 2}$) Enter here and on Line 1 Col	umn B of Summary Page			5 10,700.

MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET)

FORM 420, 430 OR 490

3/18/84 | 5/24/84

(Amounts May Be Rounded To Whole Dollars)

NAME OF	Californians for	Justice		1.D. NUMBER 80224	(IF COMMITTEE)
DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, ALED ENTER (.D. NUMBER OR TREASURER 5 NAME AND ADDRESS)	OCCUPATION	EMPLOYER (IF SELF-EMPLOYED, ENTER RAME OF SUSINESS)	RECEIVED	CUMULATIVE TO DATE
5/1/84	THE AND ADDRESS OF THE ADDRESS OF TH	Retired		100	100
/1/84		Owner		100	100
/1/84		Psychiatris		100	100
/1/84		Computer		100	100
/1/84		Cabinet Builder	SELF employed	100	100
′1/84		owner		100	100
5/1/84		retired		100	100
,/14/84		Gen. Mgr.		100	100
/14/84		Retired		100	100
/16/84		physician		250	250
/28/84 /5/84 /9/84& /24/84	637 Connecticut St.	7	ID#747235 (4 checks)	5,557.90	5,557.90
X	more space is needed, check box at left attach additional Schedules A.		SUBTOTAL	6,707.90	,

JUNEDULE A

MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET)

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD THROUGH 3/18/84 5/24/84

NAME OF CANDIDATE OR COMMITTEE I.D. NUMBER (IF COMMITTEE) Californians for Justice 802246 FULL NAME AND ADDRESS OF CONTRIBUTOR AMOUNT EMPLOYER DATE OCCUPATION (IF SELF-EMPLOYED, ENTER CUMULATIVE TO DATE (IF COMMITTEE ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS) RECEIVED MEC'D NAME OF BUSINESS) 5/17/84 Manager 100 100 If more space is needed, check box at left SUBTOTAL 100 and attach additional Schedules A.

SUMEDULL D

LOANS

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

3/18/84

5/24/84

NAME O	Californians for S	Justice				1.D. NUMBE 8022	R (IF COMMITTEE 46
PART	1 - LOANS RECEIVED						
DATE REC'D	FULL NAME AND ADDRESS OF . LENDER AND ANY GUARANTORS OR COSIGNERS (IF COMMITTEE, ALSO ENTER 1.D. NUMBER OR TREASURER S NAME AND ADDRESS)	MDER AND ANY GUARANTORS OR OCCUPATION (IF SELF-EMPLOYER ENTER 1.D. NUMBER OR TREASURER'S RA			INT.	AMOUNT OF LOAN	CUMULA- TIVE TO DATE
	•			-			
				-	1		
	If more space is needed, check box at lo	eft				-0-	
	and attach additional Schedules B, Part	1.		SUBTOTAL		-0-	. *
PART 2	2 – LOANS REPAID, FORGIVEN OR	PAID BY A THIRI	D PARTY:		•		
		(a)		THIS DATA ON SC	HEDULE	A ALSO	
DATE	FULL NAME AND ADDRESS OF THE LENDER	AMOUNT REPAID	(D) AMOUNT FORGIVEN OR PAID BY THIRD PARTY	THIRD PARTY N		ADD#861	UNPAID BALANCE
							
	•						
						· · · · · · · · · · · · · · · · · · ·	
						· · · · · · · · · · · · · · · · · · ·	
1	If more space is needed, check box at left and attach additional Schedules B,	(a)	(b)				
	Part 2. SUBTOTAL	_0-	-0-	And the second of the second o			• C
		SUN	MARY				
LOANS	S OF \$100 OR MORE THIS PERIOD (Part 1)				s	-0-	
	S UNDER \$100 THIS PERIOD (Not itemized					-0-	
	L LOANS RECEIVED THIS PERIOD (Line 1						-0-
	S OF \$100 OR MORE REPAID THIS PERIOR					-0-	
	S OF \$100 OR MORE THIS PERIOD FORGI				_	-0-	
LOANS	S UNDER \$100 REPAID FORGIVEN OR PA	AID BY A THIRD PA	RTY THIS PERIOD	(Not itamized)	· · · · · -	-0-	
	inter this amount on Line 2 of Summary section. LOANS REPAID, FORGIVEN OR PAID BY						-0-
		A CHIND PARTE	THE FERTON (FIRE &	· · · · · · · · · · · · · · · · · · ·	-		
	HANGE THIS PERIOD act Line 7 from Line 3) Enter the difference h	ere and on Line 2, Col	umn B of Summary F	- Page	· · · · <u>·</u>		s -0-

NON-MONETARY CONTRIBUTIONS RECEIVED FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

Californians for Justice Californians for Justice Full name and address of Contributor Contributor Date Occupation Specification Speci				•		3/18/84	THROUGH 5/24/84
Californians for Justice 802246 FULL NAME AND ADDRESS OF CONTRIBUTOR CONTRIBUTOR OCCUPATION (IP SELP-EMPLOYER, ENTER GOODS OR SERVICES VALUE AM	N A 84 5 . D					·	
FULL NAME AND ADDRESS OF EMPLOYER CONTRIBUTOR CONTRIBUTOR OCCUPATION (IF SELF-EMPLOYER, ENTER GOODS OR SERVICES VALUE AM	- AME 0		ornians fo	r Justice			COMMITTER
		FULL NAME AND ADDRESS OF CONTRIBUTOR		EMPLOYER		OF VALUE	LATIVE
			- -				
				_		·	
	· · · · · · · · · · · · · · · · · · ·						-
				A			
					!	:	
If more space is needed, check box at left and attach additional Schedules C. SUBTOTALSO			ıt left		SUBTOTAL	so_	
SUMMARY				SUMMARY			
-0-						-0-	
I. NON-MONETARY CONTRIBUTIONS OF \$100 OR MORE THIS PERIOD						- O -	
3. TOTAL NON-MONETARY CONTRIBUTIONS THIS PERIOD	3. TOT	TAL NON-MONETARY CONTRIBUT	TIONS THIS PERI	OD			-0-

SCHEDULE D

PLEDGES

FORM 420, 430 OR 490

STATEMENT COVERS PERIOD (Amounts May Be Rounded To Whole Dollars) 3/28/84 5/24/84 NAME OF CANDIDATE OR COMMITTEE: I.D. NUMBER (IF COMMITTEE) Californians for Justice 802246 AMOUNT CUMU. AMOUNT PAID {ALED ENYER ON FULL NAME AND ADDRESS OF EMPLOYER PLEDGED LATIVE CONTRIBUTOR (IF SELP-EMPLOYED, ENVER DATE OCCUPATION THIS PLEDGE (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS) NAME OF BUSINESS REC'D PERIOD SCHEDULE A UNPAID **(a)** (**b**) If more space is needed, check box at left -0--0and attach additional Schedules D. **SUBTOTALS** SUMMARY -0--0-2. PLEDGES UNDER \$100 THIS PERIOD (Not itemized)...... -0-TOTAL PLEDGES RECEIVED (Line 1 + 2)..... 3. -0-PLEDGES OF \$100 OR MORE PAID THIS PERIOD (Column (b))...... PLEDGES UNDER \$100 PAID THIS PERIOD (Not itemized) -0--0-NET CHANGE THIS PERIOD s-0-(Subtract Line 6 from Line 3) Enter the difference here and on Line 5, Column B of Summary Page.

PAYMENTS AND CONTRIBUTIONS MADE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT CO	VERS PERIO

3/18/84	5/24/84
LO MUMBER	(

NAME OF CANDIDATE OF COMMITTEE: Californians for Justice

802246

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions or the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the Information Manua on Campaign Disclosure for detailed explanations and examples of each category.

CONTRIBUTIONS TO OTHER SURVEYS, SIGNATURE GATHERING. CANDIDATES OR COMMITTEES DOOR-TO-DOOR SOLICITATIONS "F" INDEPENDENT EXPENDITURES **FUNDRAISING EVENTS** ..L.. "G" LITERATURE GENERAL OPERATIONS AND OVERHEAD "Ē" − "Ť" **BROADCAST ADVERTISING** TRAVEL, ACCOMMODATIONS AND MEALS "Ñ" – ..P... **NEWSPAPER AND PERIODICAL** PROFESSIONAL MANAGEMENT AND **ADVERTISING**

CONSULTING SERVICES

OUTSIDE ADVERTISING

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 3 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IP COMMITTEE, <u>ALSO</u> ENTER 1.D. NUMBER ON NAME AND ADDRESS OF TREASURER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Post Master General 1300 Evans Street San Francisco, CA	L	(3 checks)	2,775.00
Allen's Press Clipping Bureau 657 Mission Street San Francisco, CA 94105	I	Press clipping service(3 checks)	116.00
The Women's Press 50 Otis Street San Francisco, CA 94103	L		2,832.90
Lesbian/Gay Freedom Day Committee 766 Valencia Street San Francisco, CA 94110	I	Parade application fee	100.00
If more space is needed, check box and attach additional Schedules E.		SUBTOTAL	5,823.90

IMPORTANT: Contributions and expenditures on behalf of other candidates or committees must also be entered in the allocation section at the front of the campaign statement.

CI.	184	I B.A	٨	RY
- 51	3 000	תחו	_	— 7

1.	Payments of \$100 or more made this period (Include all Schedule E Subtotals)	. s ,	12,766.11
2.	Payments under \$100 this period (not itemized)	. s .	31.95
3.	Total Accrued Expenses paid this period (Schedule F, Line 4)	.s .	-0-
4.	Total Payments this period (Line 1 + 2 + 3) Enter here and on Line 7, Column B of Summary Page		

PAYMENTS AND CONTRIBUTIONS MADE

(CONTINUATION SHEET) FORM 420, 430 OR 490)

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD FROM 3/18/84 5/24/84

NAME OF CANDIDATE OR COMMITTEE Californians for Justice I.O. NUMBER (IF COMMITTEE) 802246

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of Schedule E and the Information Manual on Campaign Disclosure for detailed explanations and examples of each category.

..c.. CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES

SURVEYS, SIGNATURE GATHERING. DOOR-TO-DOOR SOLICITATIONS

.... INDEPENDENT EXPENDITURES ..L.

"F" FUNDRAISING EVENTS

LITERATURE ··B·· BROADCAST ADVERTISING ..ģ.. GENERAL OPERATIONS AND OVERHEAD TRAVEL, ACCOMMODATIONS AND MEALS PROFESSIONAL MANAGEMENT AND

NEWSPAPER AND PERIODICAL ADVERTISING ''N'''

OUTSIDE ADVERTISING ..0..

CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER ON HAME AND ADDRESS OF TREASURER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
American Business Communications 251 Michelle Court South San Francisco, CA 94080	L	(2 checks)	1,081.31
Computerize Typesetting 989 Howard Street San Francisco, CA 94103	L	(2 checks)	328.00
Friends of Art Agnos ID#747235. 637 Connecticut Street San Francisco, CA 94107	С	(2 checks)	5,532.90
·			
If more space is needed, check box and attach additional Schedules E.		SUBTOTAL	6,942.21

SCHEDULE F

ACCRUED EXPENSES (UNPAID BILLS)

FORM 420, 430 OR 490

_				_	
31	ATEMENT	COV	ERS	PEI	1100
1	PROM		THE	004	×
. ~	120 104	1	- /		/ ~

(Amounts May Be Rounded To Whole Dollars)

5/24/84 3/18/84

NAME OF CANDIDATE OR COMMITTEE:	I.D. NUMBER	(IP COMMITTEE)
Californians for Justice	80224	6

CODES FOR CLASSIFYING ACCRUED EXPENSES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the Information Manual on Campaign Disclosure for detailed explanations and examples of each category.

"S" - SURVEYS, SIGNATURE GATHERING, "C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES DOOR-TO-DOOR SOLICITATIONS "F" INDEPENDENT EXPENDITURES **FUNDRAISING EVENTS** ..L. "G" LITERATURE GENERAL OPERATIONS AND OVERHEAD "B" **BROADCAST ADVERTISING** TRAVEL, ACCOMMODATIONS AND MEALS "N" -PROFESSIONAL MANAGEMENT AND NEWSPAPER AND PERIODICAL CONSULTING SERVICES **ADVERTISING**

OUTSIDE ADVERTISING

If one of the above codes does not accurately or fully describe the accrued expense, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, <u>Also</u> enter I.D. number or name and address of treasurer)	CODE OR	DESCRIPTION OF PAYMENT	AMOUN
-		•	
If more space is needed, check box, and attach additional Schedules F		SUBTOTAL	-0-

payments on Schedule E, Line 3, and on Schedule F, Line 4. Do not re-itemize accrued expenses which have been reported in a previous period.

SUMMARY -0--0-2. -0-3 Accrued Expenses Paid This Period (Not Itemized) Enter here and -0-5. Net Change This Period (Subtract Line 4 from Line 3), Enter difference here and -0-

(May be negative figure)

SCHEDULE G MISCELLANEOUS ADJUSTMENTS TO CASH POSITION

FORM 420, 430 OR 490

	(Amounts May Be Rounded To Whole Dollars)	STATEMENT	COVERS PERIO
		3/18/84	5/24/84
NAM	E OF CANDIDATE OR COMMITTEE:	I.D. NUMBE	R (IF COMMITTEE)
	Californians for Justice	<u> </u>	246
0.4	DESCRIPTION OF ADJUSTMENT	INCREASE	BECREASE
	(IF THE ABJUSTMENT INVOLVES A COMMITTEE, OTHER THAN THE FILER, ENTER THE COMMITTEE'S NAME AND ADDRESS, ALEO ENTER THE COMMITTEE'S I.D. NUMBER OR THE TREASURER'S NAME AND ADDRESS)	TO CASH	TO CASH
		į	
	· 1		
		-	
		(a)	(D)
<u> </u>	If more space is needed, check box at left and attach additional Schedules G SUBTOTAL	-0-	-0-
	SUMMARY		
•	ANODE ASEC TO CASH OF CASH OR MODE THIS DEDICE (CALL TO AN)	-0-	Property of the second
	THOREAGES TO CASH OF STOU OR MOTILE THIS FEITHOR (SOLUTION (27)	-0-	
	INCREASES TO CASH OF LESS THAN \$100 THIS PERIOD (Not itemized)		-0-
	TOTAL INCREASES TO CASH THIS PERIOD (Line 1 + Line 2)	-0-	•
	DECREASES TO CASH OF \$100 OR MORE THIS PERIOD (Column (b))	12.50	
	becate at the case of the same and the same and the same at the sa		12.50
	TOTAL DECREASES TO CASH THIS PERIOD (Line 4 + Line 5)		
	TOTAL MISCELLANEOUS ADJUSTMENTS TO CASH THIS PERIOD (Line 3 minus Line 6) Enter here and on Line 12 of Summary Page		(12.50)
		·	(May be

SACRAMENTO ADDRESS STATE CAPITOL SACRAMENTO 95814 (916) 445-8253

DISTRICT OFFICE 1064 STATE BUILDING 350 MCALLISTER SAN FRANCISCO. CA 94102 (415) 557-2253



ART AGNOS

ASSEMBLYMAN, SIXTEENTH DISTRICT

CHAIRMAN
JOINT LEGISLATIVE AUDIT COMMITTEE

June 5, 1984

COMMITTEES
AGING AND LONG
TERM CARE
ELECTIONS AND
REAPPORTIONMENT
LABOR AND EMPLOYMENT
RULES
WAYS AND MEANS
SELECT COMMITTEE ON
CHILD ABUSE

JOINT COMMITTEES
RETUGEE RESETTLEMENT
AND IMMIGRATION
LEGISLATIVE SUDGET
COMMITTEE

CHAIRMAN
WAYS AND MEANS SUBCOMMITTEE
ON HEALTH AND WELFARE

Ms. Barbara A. Milman General Counsel Fair Political Practices Commission Post Office Box 807 Sacramento, California 95804

Re: Advice Letter No. A-84-149

Dear Ms. Milman:

Thank you for your Advice Letter of June 1.

With that in mind, I am complying with your advice with the understanding that I will seek a future remedy through the courts.

Please find enclosed a full disclosure of my statement covering the period from March 18, 1984 through May 24, 1984.

AA:deb

Enclosure

cc: Secretary of State

Political Reform Division



FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH: Secretary of State Political Reform Division P. O. Box 1467 Sacramento, CA 95807

> STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE) (Government Code Section 84101-84103)

1984

of the Political Reform Act," Part X.

	ENDMENT . R I.D. NUMBER (Type or Print in	Ink!	
FULL NAME OF COMMITS			
Californ STREET ADDRESS OF CO	ians for Justice	Y STATE ZIP CODE COL	INTY:
(MDT P.O. GOX)	637 Connecticut Street	San Francisco, CA 9410	7 San Francisco
DATE QUALIFIED AS CO	MMITTEE (MO., DAY, TR.): AREA COOK PHONE	A OFFICIAL USE ONLY	B OFFICIAL USE ONLY
October	19, 1980 (415) 824-	6936	
TREASURER A	ND OTHER PRINCIPAL OFFICERS		•
POSITION	NAME AND PERMANE	NT STREET ADDRESS	(AREA PHONE CODE) NO.
TREASURER	James Foster 1952 - 15t	h Street	(415) 626-4512
	San Francis	sco, CA 94114	
Attach additional information	I on appropriately labeled continuation sheets.		
	TROLLED COMMITTEE?		
which acts jointly expenditures. A ca	mittee is one which is controlled directly or with a candidate, controlled committee or pendidate or proponent of a state ballot meas a controls, has a significant influence on the a [X] YES (Complete Section III below)	roponent of a state ballot measure in co sure controls a committee if he or she, l	onnection with the making on his or her agent, or any other
STATE MEASU	OR STATE MEASURE PROPONENT JRE PROPONENTS OR COMMITTE mmittee is controlled by more than one can	ES WITH WHICH THIS COMMI	TTEE ACTS JOINTLY
	CANDIDATE, STATE MEASURE	IDENTIFICATION NUMBER OF COM	
PRO	PONENT OR COMMITTEE	NAME AND PERMANENTS	INEET ADDRESS
Art Agnos.	Assemblyman	#802246	
Attach additional informatio	n on appropriately labeled continuation sheets.	-	
V PERSONS OR C	ORGANIZATIONS, IF ANY, WITH WHI	CH THIS COMMITTEE IS AFFILI	ATED OR CONNECTED
	NAME AND STREET ADDRESS	S	(AREA PHONE
			CODE) NO.
Attach additional informatio	n on appropriately labeled continuation sheets.		
	YOU MUST COMPLETE THE	VERIFICATION ON PAGE 2	

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions

CANDIDATE'S NAME/MEASURE'S FULL TIT	SUPPORT	OPPOSE	CANDIDATE'S OFFICE/MEASURE'S LOCATION
INCLUDING BALLOT NUMBER OR LETTE			(Include district number, city or county, as applicable.)
			-
		PPORTING	OR OPPOSING SPECIFIC CANDIDATES O
MEASURES			
Attach additional information on appropriately labeled	continuation sheets.		
VII IN THE EVENT OF TERMINATIO	N, WHAT DISPOSI	TION WILL	BE MADE OF SURPLUS FUNDS?
Market Market Control of the Control			
	VERIFIC	MOLTAS	
	V E 1111 10		
I dealers under society of society shot to the	hart of my knowlades	this statement	* is two
I declare under penalty of perjury that to the li reasonable diligence in its preparation.			7
			7



RECIPIENT COMMITTEE CAMPAIGN STATEMENT

(Government Code Sections 84200-84217)

For use by recipient committees which receive a cumulative contribution of \$100 or more from a single source.

(Type or Print in Ink)

Statement covers period from 3/18/8	4 through <u>5/24/84</u> .	A OFFICIAL USE ONLY
NAME OF COMMITTEE: Californians for Justice		# 802741
ADDRESS OF COMMITTEE: NO. AND STREET CITY	STATE ZIP CODE	AREA CODE PHONE NUMBER
637 Connecticut Street, San Francis	co, CA 94107	(415)824-6936
NAME OF TREASURER: James M. Foster		
PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY	STATE ZIP COOE	AREA CODE PHONE NUMBER
1952-15th Street, San Francisco, CA		(415)626-4512
	_	ANIZATION (IP APPLICABLE):
June 5, 1984	9	
IS THIS A CONTROLLED COMMITTEE? (A controlled committee is one which is controlled directly or which acts jointly with a candidate, controlled committee or preparent of a state ballot meast committee he or she controls, has a significant influence on the action of the controls. [x] YES (Complete Section III below)	proponent of a state ballot measure in sure controls a committee if he or sh	n connection with the making (e, his or her agent, or any oth)
II CANDIDATES OR STATE MEASURE PROPONEN STATE MEASURE PROPONENTS OR COMMITTE NOTE: If this committee is controlled by more than one can	ES WITH WHICH THIS COM	MITTEE ACTS JOINTLY
NAME OF CANDIDATE, STATE MEASURE PROPONENT OR COMMITTEE	IDENTIFICATION NUMBER OF CONTROL NAME AND PERMANEN	
Art Agnos, Assemblyman	ID# 802246	
Attach additional information on appropriately labeled continuation sheets.		
I declare under penalty of perjury that to the best complete and that I have used all reasonable diligence		ts schedules are true, correct and
Executed on 5/22/84 at San Francis		es /n taster
A candidate or officeholder who controls a controls a control of the control of t		
I declare under penalty of perjury that to the best complete and the treasurer of this committee has its schedules.		
Executed on 5/3/89 at / DOMMAN (CITY AND S	TATE! DY AIGNATURE C	ANDIDATE OF OFFICEHOLDER)

ALLOCATION OF CONTRIBUTIONS AND EXPENDITURES MADE TO OR ON BEHALF OF OTHER CANDIDATES, OFFICEHOLDERS AND MEASURES:

List all contributions (including loans) and independent expenditures itemized on Schedules E and F to support or oppose officeholders, candidates and ballot measures (other than those controlling this committee or for which this committee is primarily formed). Indicate the date of the expenditure, the office sought or held (or the measure's number or letter and if local measure, city or county), the amount of the expenditure and the cumulative amount to date. The "Cumulative to Date" column should include the sum total of expenditures for or against each candidate or measure since January 1 of the current calendar year. (See "Information Manual on Campaign Disclosure" for discussion and examples of "cumulation.")

ALLOCATION OF CONTRIBUTIONS AND EXPENDITURES MADE TO OR-ON BEHALF OF OTHER CANDIDATES, OFFICEHOLDER AND MEASURES (Allocate expenditures from Schedules E & F made to or on behalf of another candidate, officeholder or measure Amounts may be rounded off to whole dollars.)

OFFICIAL USE ONLY	DATE	NAME OF CANDIDATE OR OFFICEHOLDER AND OFFICE OR MEASURE AND BALLOT NUMBER OR LETTER	CHECK ONE Support Oppose	AMOUNT	CUMULATIV TO DATE
	1/1/84 5/24/84	- Assemblyman Art Agnos	х	7,265.16	9,181.
300					
		·			
	+ +				· · ·
				-	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
		ATM CONTRACTOR OF THE PROPERTY			
		•			

Attach additional information on appropriately labeled continuation sheets.

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE

FORM 420, 430 OR 490 STATEMENT COVERS PERI ---(Amounts May Be Rounded To Whole Dollars) 5/24/84 3/18/84 NAME OF CANDIDATE OR COMMITTEE I.D. NUMBER (IF COMMITTEE Californians for Justice 802246 COLUMN A COLUMN B COLUMN C Cumulative Total this period Cumulative total from from attached to date schadulet (Calumns A + B) previous period CONTRIBUTIONS RECEIVED s 1,319,88 s 13,983,90 s 15,303.78 SCHEDULE A. LINE I -0--0-**~**0~ SCHEDULE B. LINE <u>1,319.88</u> **s** 13.983.90 **s** 15,303,78 LINES I + Z -0--0-Non-monetary contributions -0-SCHEDULE C. LINE 1 -Q--0--0-SCHEDULE D. LINE 7 s_1,319.88 s 13,983,90 TOTAL CONTRIBUTIONS..... s 15,303.78 LINES 1 - 1 - 5 LINES 1 - 1 - 5 LINES 1 - 1 - 5 **EXPENDITURES MADE** s 1,916.31 s 12,798,06 , 14,714.37 7. Payments.......... -0-8. Accrued expenses (unpaid bills) -0s 1,916,31 s 14,714.37 TOTAL EXPENDITURES s 12,798.06 LINES 7 - 3 (SHOULD EQUAL COLUMNS A - 8) LINES 7 . S *If this is the first report filed for the calendar year, Column A should be blank except for unpaid loans, bills and pleages. STATEMENT OF CHANGES IN FINANCIAL CONDITION Cash on hand at the beginning of this period. (Line 14 of previous statement) . S 13,983,90 11. **(**12.50**)** 12. Miscellaneous adjustments to cash (Schedule G, Line 7) 12,798,06 1,492.16 Cash on hand at closing date (Lines 10+11+12-13 above)*...... -0-15. s 1,492.16 Ending surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14)....... 16. s (-0-Ending deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15) 17. *Ending cash on hand should not be a negative amount.

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

18.	CONT	RIBU	TIONS	RECEI	VED:
-----	------	------	--------------	-------	------

19. EXPENDITURES MADE:

1/1 mru 6/30	7/ 1 to date
15,303.78	
14,714.37	

MONETARY CONTRIBUTIONS RECEIVED FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

				STATEMENT OF	OVERS PERI
NAME OF	F CANDIDATE OR COMMITTEE:			3/18/84	5/24/8
	Californians for Ju	ustice .		802246	
DATE	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION	EMPLOYER		UNT
REC'D	(IP COMMITTES, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	·	NAME OF BUSINESS)	RECEIVEO	TO DATE
/84	David B. Goodstein P. O. Box 2290 Malibu, CA 90264	newpaper owner/ investor	Liberation Publication Inc.	ns 1,000	1,000
/84	Theodore W. Ingram 14226 Greenleaf St. Sherman Oaks, CA 9142	3 Optician	S & D Corporation	200	200
/84	Duke Comegys 2034 Outpost Drive Los Angeles, CA 90068	Investor	Westfork Props.	100	100
/84	Capitol Aquarium 1920-29th Street Sacramento, CA 95816	owner	Capitol Aquarium	100	100
/84	Vulcan Steam & Sauna, Inc. 805 W. Cedar St. San Diego, CA 92101			100	100
/84	Richard M. Davis 3090 Diablo Shadow Dr. Walnut Creek, CA 9499	Retired		100	100
/84	Boyce R. Hinman 6212 Silverton Way Carmichael, CA 95608	training writer	Employment Development Department	100	100
1 3 1	If more space is needed, check box at left and attach additional Schedules A.		SUBTOTAL	1,700	
		SUMMA	RY		
	OUNT RECEIVED — CONTRIBUTIONS Oude all Schedule A subtotals)			8,507.90	
2. AMO	OUNT RECEIVED - CONTRIBUTIONS O	F LESS THAN \$100	(Not itemized)	5,476.00	
	AL MONETARY CONTRIBUTIONS THIS 1 + Line 2) Enter here and on Line 1 Colu		200		13,983

MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET)

FORM 420, 430 OR 490

THROUGH
3/18/84 | 5/24/84

(Amounts May Be Rounded To Whole Dollars)

NAME OF	CANDIDATE OF COMMITTEE: Californians for	Justice		1.D. NUMBER 80224	(IP COMMITTEE)
DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR (IP COMMITTEE ALLO ENTER I.D. NUMBER OR TREASURER 5 NAME AND ADDRESS)	OCCUPATION	EMPLOYER { IP SELP-EMPLOYED, ENTER NAME OP DUSINESS}	RECEIVED	CUMULATIVE TO GAYE
5/1/84	M.L. East 4019 Folsom St. San Francisco, CA 9411	Retired O		100	100
/1/84	Martin Benson 7269 Melrose Avenue Los Angeles, CA 90046	Owner	Midtowne Spa	100	100
/1/84	David R. Kessler, M.D. 401 Parnassus Avenue San Francisco, CA 9414	-	University of Calif.	100	100
/1/84	Scott JP Tobin 2095 California St. San Francisco, CA 9410	Computer Analyst 9	Pacific Bell	100	100
/1/84	John Franzenburg 43 Sanchez St. San Francisco, CA 9411	Cabinet ₄ Builder	SELF employed	100	100
/1/84	Mark Leno 590 Clipper St. San Francisco, CA 9411	owner 4	Budget Signs	100	100
5/1/84	Normal A. Castle 155 Hyde St. San Francisco, CA 9410	retired 2		100	100
5/14/84	Charles L. Wallau 1726 Carver St. Redondo Beach, CA 9027	Gen. Mgr. 3	Gold Coast Jewelry	100	100
5/14/84	Donald J. Anderson 3655 Oakfield Sherman Oaks, CA 91423	Retired		100	100
5/16/84	David L. Harsany, MD. 116 Austrian Way Aptos, CA 95003	physician	Santa Cruz Medical Clinic	250	250
3/28/84 4/5/84 4/9/84& 4/24/84	637 Connecticut St.	7	ID#747235 (4 checks)	5,557.90	5,557.90
X	f more space is needed, check box at left nd attach additional Schedules A.		SUBTOTAL	6,707.90	•

MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET)

FORM 420, 430 OR 490

STATEMENT COVERS PERIOD
FROM THROUGH
3/18/84 | 5/24/84

(Amounts May Be Rounded To Whole Dollars)

I.D. NUMBER (IF COMMITTEE) NAME OF CANDIDATE OR COMMITTEE: Californians for Justice 802246 FULL NAME AND ADDRESS OF CONTRIBUTOR AMOUNT EMPLOYER DATE OCCUPATION IF SELF-EMPLOYED, ENTER CUMULATIVE TO DATE (IF COMMITTEE ALSO ENTER I.D. NUMBER OR TREASURER 5 NAME AND ADDRESS) REC'D RECEIVED MAME OF BUSINESS) James L. Boone 2 Sundridge 5/17/84 Manager U.S. Borax 100 100 Irvine, CA 92714 If more space is needed, check box at left SUBTOTAL 100 and attach additional Schedules A.

LOANS

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
PROM THROUGH

3/18/84

5/24/84

NAME O	Californians for J	Tustice	(A. C.			1.D. NUMBE 8022	R (IF COMMITTEE)
PART	1 - LOANS RECEIVED						
DATE REC'D	FULL NAME AND ADDRESS OF , LENDER AND ANY GUARANTORS OR COSIGNERS (IP COMMITTEE, ALSO ENTER 1.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	OCCUPATION	EMPL (IF SELP-EMPI NAME OF	INT.	AMOUNT OF LOAN	CUMULA. TIVE TO DATE	
		:					
	If more space is needed, check box at lead and attach additional Schedules B, Part			SUBTOTAL		-0-	
PART 2	2 - LOANS REPAID, FORGIVEN OR		D PARTY:		•		
DATE	FULL NAME AND ADDRESS OF THE LENDER	AMOUNT REPAID	ENTER (D) AMOUNT PORGIVEN OR PAID BY THIRD PARTY	HEDULE		UNPAID BALANCE	
		·			··············		
	·				, .		
	If more space is needed, check box at left and attach additional Schedules B,	(a) -0-	(b) -0-				
	Part 2. SUBTOTAL				. <u>(1908)</u>		
		SUM	MMARY				Economic scoopersonages
. LOAN	S OF \$100 OR MORE THIS PERIOD (Part 1)				\$ _	-0-	
LOAN	S UNDER \$100 THIS PERIOD (Not itemized)	1			<u>_</u>	-0-	TO SALARY
. TOTA	L LOANS RECEIVED THIS PERIOD (Line 1	+ 2)					-0-
LOAN	S OF \$100 OR MORE REPAID THIS PERIOD) (Part 2, Column (a)	1		<u> </u>	-0-	
LOAN	S OF \$100 OR MORE THIS PERIOD FORGING SUNDER \$100 REPAID, FORGIVEN OR PA	ND BY A THIRD PA	RTY THIS PERIOD I	(Not itemized)		-0-	
	enter this amount on Line 2 of Summary sections of Summary sections				,		-0-
	L LOANS REPAID, FORGIVEN OR PAID BY	A ININU PARTE	AIS FERIOU (LINE 4	· + 5 + 6/	<u>.</u> 3		
	HANGE THIS PERIOD act Line 7 from Line 3) Enter the difference he	ere and on Line 2, Co	lumn B of Summary F	- Page	<u></u>		s -0-

NON-MONETARY CONTRIBUTIONS RECEIVED FORM 420, 430 OR 490

		(Amounts way t	Be Rounded To Whole Dollar		STATEMENT C	OVERS PERIO
			•		3/18/84	5/24/8
AMEG	CANDIDATE OR COMMITTEE:				I.D. NUMBER	
		ornians for	r Justice		802246	(40
	FULL NAME AND ADDRESS OF		EMPLOYER		FAIR	_ CUMU-
DATE REC'D	CONTRIBUTOR (IF COMMITTEE, <u>ALEO</u> ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	OCCUPATION	(IF SELF-EMPLOYED, ENTER HAME OF SUSINESS)	DESCRIPTION (GOODS OR SERV	· VALUE	LATIVE
		-			* *	
					;	1 po
					i	
				· · · · · · · · · · · · · · · · · · ·	1	
			<u> </u>			
		-				
				i i i i		
		Í				
		•			 	
···						
				To a second		
					:	
		Approximate of the second of t			•	
					:	
				# 	stranger was	
	If more space is needed, check box at and attach additional Schedules C.	τιεπ		SUBTOTAL	.so_	
·			SUMMARY		<u> </u>	
No.	MONETA DV CONTRIBUTIONS	E 6100 OD 1400	TIME PERIOD		-0-	
	I-MONETARY CONTRIBUTIONS O I-MONETARY CONTRIBUTIONS U				-0-	
1401	HIMONETANT CONTRIBUTIONS O	MDEN 3100 IMIS	FERIOD (NOT ILEMIZED)		· Alba	
	AL NON-MONETARY CONTRIBUT					-0-
(Lin	e 1 + 2) Enter here and on Line 4, Co	NUMN & OT SUMME	ry rage	• • • • • • • • • • • • • • • • • • • •		S

SCHEDULE D

PLEDGES

FORM 420, 430 OR 490

	28/84 5/24/8					
NAME O	F CANDIDATE OR COMMITTEE: Calif	fornians for	Justice		NUMBER (15 802246	COMMITTEE}
DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER OR TREASURER'S NAME AND ADDRESS)	OCCUPATION	EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PLEDGED THIS PERIOD	AMOUNT PAID (ALEO ENTER ON SCHEDULE A)	CUMU- LATIVE PLEDGE UNPAID
					of the state of th	Andrew Market Ma
	-				To Andread William to Manageria	
- Atta					- Carrier - Carr	1
	-					
All Stanton						
			-			
	If more space is needed, check box at left and attach additional Schedules D.	•	SUBTOTALS	(a) -0-	(b) -0-	
		SUMMA	ARY			
					-0-	sources of the second seco
	DGES OF \$100 OR MORE THIS PERIOD (Not			•	-0-	
	TAL PLEDGES RECEIVED (Line 1 + 2).			•		-0-
	DGES OF \$100 OR MORE PAID THIS P			-	-0-	1.1.1
_ PLE	DGES UNDER \$100 PAID THIS PERIOR o enter on Line 2 of the summary section	O (Not itemized)		•	-0-	
(7413	TAL PLEDGES PAID (Line 4 + 5)				4	-0-
	CHANGE THIS PERIOD otract Line 6 from Line 3) Enter the differ	ence here and on Line	e 5, Column B of Summary Page.			5 -0 -

STATEMENT COVERS PERIOD

PAYMENTS AND CONTRIBUTIONS MADE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIO ---3/18/84 5/24/84

NAME OF CANDIDATE OR COMMITTEE: Californians for Justice

I.O. NUMBER (IF COMMITTEE 802246

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions c the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the Information Manu on Campaign Disclosure for detailed explanations and examples of each category.

"C" - CONTRIBUTIONS TO OTHER "S" -SURVEYS, SIGNATURE GATHERING, CANDIDATES OR COMMITTEES DOOR-TO-DOOR SOLICITATIONS " "F" INDEPENDENT EXPENDITURES **FUNDRAISING EVENTS** "L" -"G" -LITERATURE GENERAL OPERATIONS AND OVERHEAD "T" -"B" — **BROADCAST ADVERTISING** TRAVEL, ACCOMMODATIONS AND MEALS "N" -"P" **NEWSPAPER AND PERIODICAL** PROFESSIONAL MANAGEMENT AND

CONSULTING SERVICES

ADVERTISING OUTSIDE ADVERTISING

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank an provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of thesi payments on Line 3 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, <u>ALSO</u> ENTER 1,D. Number or name and address of treasurer)	CODE	CODE OR DESCRIPTION OF PAYMENT				
Post Master General 1300 Evans Street San Francisco, CA	L	(3 checks)	2,775.00			
Allen's Press Clipping Bureau 657 Mission Street San Francisco, CA 94105	I	Press clipping service(3 checks)	116.00			
The Women's Press 50 Otis Street San Francisco, CA 94103	L		2,832.90			
Lesbian/Gay Freedom Day Committee 766 Valencia Street San Francisco, CA 94110	I	Parade application	100.00			
If more space is needed, check box and attach additional Schedules E.		fee	100.00 5,823.90			

IMPORTANT: Contributions and expenditures on behalf of other candidates or committees must also be entered in the allocation section at the front of the campaign statement.

SUMMARY

1.	Payments of \$100 or more made this period (Include all Schedule E Subtotals)	12,766.11
2.	Payments under \$100 this period (not itemized)	31.95
٦.	Total Accrued Expenses paid this period (Schedule F, Line 4)	-0-
٠.	Total Payments this period (Line 1 + 2 + 3) Enter here and on Line 7, Column B of Summary Page	
4.	I otal Payments this period (Line 1 + 2 + 3) Enter nere and on Line 7, Column B of Summary Page	

PAYMENTS AND CONTRIBUTIONS MADE

(CONTINUATION SHEET) FORM 420, 430 OR 490)

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD -THROUGH 3/18/84 5/24/84

NAME OF CANDIDATE OR COMMITTEE: Californians for Justice I.D. NUMBER (IF COMMITTEE) 802246

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exception: on the back of this schedule for codes "C", "I" and "T".) Refer to the back of Schedule E and the Information Manua on Campaign Disclosure for detailed explanations and examples of each category.

..c.. CONTRIBUTIONS TO OTHER CANDIDATES "S" SURVEYS, SIGNATURE GATHERING. OR COMMITTEES DOOR-TO-DOOR SOLICITATIONS ··f·· "F" FUNDRAISING EVENTS INDEPENDENT EXPENDITURES ..ē.. "L" LITERATURE

GENERAL OPERATIONS AND OVERHEAD ..ē.. TRAVEL, ACCOMMODATIONS AND MEALS PROFESSIONAL MANAGEMENT AND BROADCAST ADVERTISING ..N... ..p.. NEWSPAPER AND PERIODICAL ADVERTISING

.... **OUTSIDE ADVERTISING** CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
American Business Communications 251 Michelle Court South San Francisco, CA 94080	L	(2 checks)	1,081.31
Computerize Typesetting 989 Howard Street San Francisco, CA 94103	L	(2 checks)	328.00
Friends of Art Agnos ID#747235 637 Connecticut Street San Francisco, CA 94107	С	(2 checks)	5,532.90
			i.
]		
If more space is needed, check box and attach additional Schedules E.		SUBTOTAL	6,942.21

SCHEDULE F

ACCRUED EXPENSES (UNPAID BILLS)

FORM 420, 430 OR 490

STATEMENT COVERS PERIOD

(Amounts May Be Rounded To Whole Dollars)

3/18/84 5/24/84

AMOUNT

NAME OF CANDIDATE OR COMMITTEE:	I.D. NUMBER	(IF COMMITTEE)
Californians for Justice	80224	.6

CODES FOR CLASSIFYING ACCRUED EXPENSES

lf	one	of th	ie fo	llowi	ng cod	es is (used 1	to de	escribe	the	acc	rued (expense,	, no	wri	tten (desc	riptio	on is no	eeded.	(No	te exc	ception
or	the	e bacl	k ه	f this	schedi	ile fo	or co	des	"C",	" "	and	"T"	.) Refer	to	the	back	cof	this	schedu	ile and	d the	Info.	rmatior
Ma	nua	I on t	Cam	paign	Disclo	sure	for de	etail	ed exp	olana	ation	s and	l examp	les c	of ea	ich ca	atego	ry.					

"C" - CONTRIBUTIONS TO OTHER SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS CANDIDATES OR COMMITTEES **FUNDRAISING EVENTS** INDEPENDENT EXPENDITURES "G" "L" GENERAL OPERATIONS AND OVERHEAD LITERATURE "B" "T" TRAVEL, ACCOMMODATIONS AND MEALS **BROADCAST ADVERTISING** "P" "N" **NEWSPAPER AND PERIODICAL** PROFESSIONAL MANAGEMENT AND **ADVERTISING** CONSULTING SERVICES

"O" - OUTSIDE ADVERTISING

NAME AND ADDRESS OF PAYEE, CREDITOR OR

RECIPIENT OF CONTRIBUTION (of COMMITTEE ALSO FAS

If one of the above codes does not accurately or fully describe the accrued expense, leave the "Code" column blank and provide a written description in the "Description of Payment" column,

	RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OF NAME AND ADDRESS OF TREASURER)	CODE	OR	DESCRIPTION OF PAYMENT	ACCRUED
				4	
					A CONTRACTOR OF THE CONTRACTOR
	If more space is needed, check box, and attach additional Schedules F			SUBTOTAL	-0-
pay	PORTANT: Do not itemize the payment of accrued expends on Schedule E, Line 3, and on Schedule F, Line ted in a previous period. SUMM	4. Do no			
1.	Accrued Expenses of \$100 or More This Period			s -0-	
۰. 2.	Accrued Expenses of Under \$100 This Period (Not Itemized)			0	
2. 3.	Total Accrued Expenses Incurred This Period (Line 1 + 2)				-0-
4 .	Accrued Expenses Paid This Period (Not Itemized) Enter here an on Schedule E, Line 3	đ			-0-
5.	Net Change This Period (Subtract Line 4 from Line 3), Enter different Line 8. Column B of Summany Page	ference here	and		-0-

SCHEDULE G MISCELLANEOUS ADJUSTMENTS TO CASH POSITION

FORM 420, 430 OR 490

	(Amounts May Be Rounded To Whole Dollars)	STATEMENT COVERS PERIO	
		3/18/84	5/24/8
MAM	E OF CANDIDATE OR COMMITTEE:	I.D. NUMBE	R (IF COMMITTEE)
Californians for Justice		802246	
0.4	DESCRIPTION OF ADJUSTMENT	INCREASE	DECREASE
	(IF THE ABJUSTMENT INVOLVES A COMMITTEE, OTHER THAN THE FILER, ENTER THE COMMITTEE'S NAME AND ADDRESS, <u>ALSO</u> ENTER THE COMMITTEE'S I.D. NUMBER OR THE TREASURER'S NAME AND ADDRESS)	TO CASH	TO CASH
	:		
	· •		
	*		• •

		-	
	If more space is needed, check box at left	(a)	(b)
	and attach additional Schedules G SUBTOTAL	-0-	-0-
	SUMMARY		
		_	
1.	INCREASES TO CASH OF \$100 OR MORE THIS PERIOD (Column (a)) \$	0-	
2.	INCREASES TO CASH OF LESS THAN \$100 THIS PERIOD (Not itemized)	-0-	
3.	TOTAL INCREASES TO CASH THIS PERIOD (Line 1 + Line 2)		-0-
4.	DECREASES TO CASH OF \$100 OR MORE THIS PERIOD (Column (b))	-0-	
5.	DECREASES TO CASH OF LESS THAN \$100 THIS PERIOD (Not itemized)	12.50	
6.	TOTAL DECREASES TO CASH THIS PERIOD (Line 4 + Line 5)		12.50
	TOTAL MISCELLANEOUS ADJUSTMENTS TO CASH THIS PERIOD (Line 3 minus Line 6) Enter here and on Line 12 of Summary Page		(12.50)
			(May be negative figure)